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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	10713183
		Filing Date	November 13, 2003
		First Named Inventor	Engelhardt
		Art Unit	1634
		Examiner Name	K. Salmon
		Total Number of Pages in This Submission	
		Attorney Docket Number	Enz52(D2)(C)(D1)

<b>ENCLOSURES</b> <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p>Submitted herewith is</p> <ol style="list-style-type: none"> <li>1. Response to Notice of Non-compliant amendment</li> <li>2. Two sets of drawings (annotated +new and replacement + new)-29 sheets each</li> </ol>
<input type="checkbox"/> Remarks <p>This is being sent via first class mail</p>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	The Law Offices of Cheryl H. Agris, PhD, PC		
Signature			
Printed name	Cheryl H. Agris		
Date	April 17, 2008	Reg. No.	34,086

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Typed or printed name	Cheryl H. Agris	Date

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